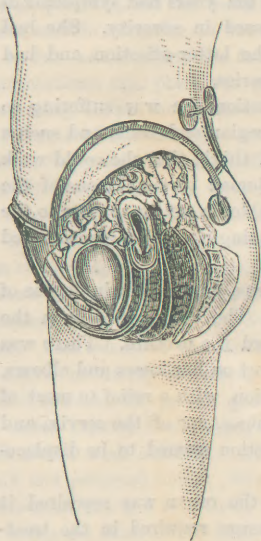


"The 'cup' can never cure version or flexions; but through undue cup pressure they are often created, and unsuspected version and flexions are rendered permanent."—*Therapeutic Indications in Uterine Displacements*, by E. P. BANNING, Jr., M. D.



BANNING'S IMPROVED BIFURCATED Uterine Elevator,

COMBINED WITH ABDOMINAL SUPPORTER,

FOR

PROCIDENTIA AND FLEXIONS OF
THE UTERUS.

The above cut represents "Banning's Improved Abdominal Supporter" removing visceral weight and correcting the trunkal bearings, while its attachment, "Banning's Improved Bifurcated Uterine Elevator," is supporting the cul-de-sac on either side. Thus, while elongating the vagina, restoring the diseased or overtaxed and displaced uterus (without touching it) to its normal position.

Since the writing of the Article on Uterine Displacements in the *Medical and Surgical Reporter* of June, 1866, we have made some radical and important changes in our Intra-Pelvic Supports. First—The changing of the vertical vaginal shaft from rubber to silver; Second—The abandonment of the vulva guard; also, elevating screw. The whole Intra-Pelvic support is now within the control of the patient. The vertical shaft contains a light spiral spring, thus guarding against undue pressure, while the attachment of the shaft to the upper part of the perineal spring, permits the patient to increase or decrease its elevating power at will, also to remove it without removing the abdominal supporter.

Practitioners write us that cases that have heretofore baffled their skill for years, and that have gone through the whole catalogue of Supporters and Pessaries, yield readily to the Balance and Elevator, when combined with the proper medicinal treatment. The following case amply illustrates the action of our Balance:

Case reported by Prof. Stephen Smith, in the *Philadelphia Medical and Surgical Reporter*: "A young lady came under my care during the past winter with the following history: She was twenty-seven years of age, five years married, but had never borne children; of nervous temperament, had suffered from chorea when a child, and for the last ten years had symptoms of uterine displacement, which had gradually increased in severity. She had recently been treated in a neighboring city for the latter affection, and had been temporarily much relieved by the use of pessaries.

"At the time she first came under my observation, she was suffering so much from a dragging sensation in the epigastric region and back, and such a weight in the pelvis, with pain in the left hip and thigh, that she could walk about only with great discomfort. She was accustomed to sing in one of the churches, and on Monday she would scarcely be able to sit up, owing to the aggravation of her symptoms from the effort of singing. She menstruated regularly, and had never suffered from leucorrhœa.

"Examination revealed retroversion of the uterus, with a certain degree of retroflexion, and a marked descent of the organ. The body rested upon the perineum, and the os was elevated somewhat toward the urethra. There was no tenderness of the body, and on placing the patient on her knees and elbows, the uterus was readily restored to its proper position, with a relief to most of the severe symptoms. There was no disease of the os, nor of the cervix, and the uterus was of about its normal size. Her affection seemed to be displacement of the uterus, without any local disease.

"From the relief which she experienced when the organ was repositied, it was apparent that the chief, if not the only measure required in the treatment, would be uterine support. By what means could that support be best obtained? The ordinary pessary I had long since discarded as a rude, unscientific, and frequently dangerous appliance, preferring the sponge or astringent applications where the former was indicated. I had, some time previously, glanced over the series of papers of Dr. Banning, which was appearing in the *Medical and Surgical Reporter*, and was struck with the rational mode of supporting the uterus, when prolapsed, therein recommended, and the correctness of the principles laid down. I determined, therefore, to make trial of the instrument in this case.

"On visiting the patient for the purpose of applying the instrument, I found her suffering from an abscess of the labia. On recovering from this disease, she exposed herself to cold at her menstrual period, and, as a consequence, was attacked with metritis. The inflammation was principally limited to the posterior wall of the uterus, which became much enlarged and extremely sensitive. She was now unable to stand upon her feet, on account of the pressure upon the sacral nerves and the tenderness of the uterus. The pressure of fecal matter upon the uterus in the movement of the bowels, caused the most intense anguish. The various remedies employed, both local and general, merely mitigated the symptoms, but gave no prospect of permanent relief after two or three weeks of efficient trial.

"On reflecting upon the case, it became more and more apparent that as long as the displacement continued little could be expected from treatment. The displacement of the organ necessarily involved the condition which

would finally give rise to inflammation; or, inflammation once established, these conditions would render it permanent. It might be compared to a dislocated shoulder with its attendant inflammation, the proper remedy for which was, not local or general means, but prompt replacement of the bone to its normal position, and its retention by proper apparatus. Reposition of the uterus and its retention in its normal relations in the pelvis, would be applying to this inflammation the first great principle in the treatment of all acute inflammations, viz., place the part in such position as to secure rest, remove all exciting causes, and relieve congestion.

"I therefore determined to attempt at once on the application of Dr. Banning's Uterine Supporter, being satisfied, on examination of the instrument, that the internal pressure in the posterior vaginal cul-de-sac would leave the body of the uterus free from direct contact, and that the patient would readily tolerate it. My anticipations were fully realized; though she suffered considerably from the manipulations necessary to adjust the instrument, on account of the extreme tenderness of the body of the uterus, yet when once in position, she expressed relief from the downward pressure from which she had suffered so much. She tolerated the instrument from that time without complaint, and the uterus gradually ascended, under the influence of the continued pressure, until it reached its proper position. The inflammation subsided, the size of the uterus rapidly diminished, and in about a week the patient was able to walk about with comfort. At the end of a fortnight she packed her own trunk and returned home. She has since, after an interval of several weeks, called upon me, and is entirely relieved of all her former symptoms. Though she wears the instrument still, yet when removed, she walks with ease, and the uterus retains its normal position. She regards herself as having entirely recovered from an affection which has made her life miserable for the last ten years.

STEPHEN SMITH, M. D.,

"Professor of Descriptive Anatomy and Clinical Surgery, Bellevue College, N. Y."

We could give some thousand cases similar to the above, that have been reported by various medical men throughout the country.

Respectfully,

BANNING TRUSS AND BRACE CO.,

3 Dey Street, New York.

E. P. BANNING, JR., M. D., *President.*

The following is a list of our Improved Uterine Elevators and Balances, all of which correct the version, flexion, or prolapsus, without resting on the walls of the vagina, or touching the uterus itself:

No. 11.—Improved Curved Uterine Balance and No. 1 or 2 Brace combined, for Retroversion and Retroflexion, has proved infallibly successful.

No. 12.—The Improved Straight Uterine Balance and No. 1 or 2 Brace combined, is beautifully and promptly effective in uterine anteversion and flexion.

No. 13.—Improved Hinge Ring Uterine Elevator and No. 1 or 2 Brace combined, for remedying extreme procidentia. Its effect, like that of the others, is immediate and painless, and acts from an external base with no weight on the vulva or vagina.

No. 14.—Improved Bifurcated Uterine Elevator and No. 1 or 2 Brace combined, supports the Vaginal Cul-de-Sac on either side without touching the uterus.

LIST AND DESCRIPTION OF OTHER BANNING SURGICO-MECHANICAL ADJUNCTS.

For the Profession.

No. 1.—The Improved Abdominal and Spinal Shoulder Brace is a general and grateful support to the pelvis, abdomen, chest, and spine, simultaneously, and by itself alone is ordinarily successful; but, when not so (particularly in spinal and uterine affections), the corresponding attachments are required.

No. 2.—The Improved Body Brace without the spinal shoulder-brace, is a comfortable support to the abdomen, but is not quite so effective as No. 1 in supporting the bowels, spine, or chest.

No. 3.—The Symmetrizer, or Body Balance.—This light, cool, and springy device promptly erects the drooping figure, expands the chest and lungs, flattens prominent shoulder blades, slopes sharp and square shoulders, gives symmetry to the form, elasticity to the movements, and compels the attire to fit gracefully. Should be worn by all lax-fibred and fast-growing children.

No. 4.—The Improved Pile and Prolapsus Ani Brace, in combination with Brace No. 1, is effective and easy of wear.

No. 5.—The Improved Pregnancy Brace, for comfortably supporting the back and abdomen, and for improving mobility during gestation; also for preventing miscarriages by quieting irritation.

No. 6.—The Improved Brace Truss is adapted to either variety of hernia, and also for all varieties simultaneously; has been adopted by Government as the army truss, and acts upon the principle of *elevating abdominal weight from the hernial openings*.

No. 7.—The Improved Self-Adjusting Non-Friction Brace Truss, adapted for either variety of hernia, also for all varieties simultaneously, acts upon the principle of elevating abdominal weight from the hernial openings; cannot become displaced; no friction, and is light, cool, and self-adjustable.

No. 8.—The Improved Spinal Prop, for supporting the abdomen, spine, and chest, and for taking superincumbent weight from the spine, simultaneously, leaves the motions free, gives no pain, and is immediate in its effect.

No. 9.—The Improved Revolving Spinal Prop, for sharp angular curvature.

No. 10.—The Improved Centripetal Lever, for correcting lateral spinal curvature, and arresting inequalities of the hips and shoulders of young ladies; operates by shifting the body's weight to the opposite foot, and so compelling the weight to gradually crush out the curve by reversing the force of gravity upon the spine at each point of curvature. It gives no pain, restrains no motion, makes no appearance through the dress, and removes the necessity for padding.

HOW TO ORDER ANY OF THESE APPLIANCES IN CASE THERE IS NO AGENT IN YOUR COUNTY.

First—Give minute description of the case; Second—In spinal deformities send two photographs of the patient's nude back (one front, one profile). Let the physician himself measure his patient accurately over linen. Third—Always give complete history and state of case; especially, where the uterus is involved, give the precise uterine bearings and organic condition.

How to Measure.—First, around the pelvis two inches below crest of Ilium; Second, around chest, close by the axilla; Third, from each axilla to corresponding crest of Ilium; Fourth, height of patient. Let the measure be taken over the undergarments, and be drawn snug, but not tight. Practitioners should take the measures themselves, and send *in inches, not in tape*. The instrument may be exchanged to suit, if returned immediately and in good order, not encumbered with charges of any kind. Address

BANNING TRUSS AND BRACE CO.,

3 DEY STREET, NEW YORK.

NEW YORK, February 5th, 1872.

Having had many years' experience in the mechanical treatment of Spinal, Hernial, and Uterine Diseases, as well as the benefit of the suggestions and experience of several thousand medical gentlemen in this country and Europe with whom I have had the honor to correspond, I would respectfully offer my services to the profession in such cases where they may desire to send the patient or patients to this city for mechanical treatment. Physicians confiding cases to my care may rely on there being no tampering with the medicinal treatment, but that at all times, and in all cases, an upright and strictly professional course will be pursued.

Respectfully,

E. P. BANNING, JR., M. D.,
President Banning Truss and Brace Co.